

Documentation for Follow Up of Abnormal Results

For most visits the only documentation needed is the Screening Visit Card or Enrollment Form from the healthcare provider, the Pap lab report from the laboratory and the Mammography Reporting Form from the radiologist. However, if a client has had an abnormal exam EWM will need to gather documentation that shows that the client has been followed through to diagnosis and treatment. The Centers for Disease Prevention and Control requires the information as a condition for continued funding.

EWM requests additional paperwork (Breast Diagnostic Enrollment / Follow Up and Treatment Plan or the Cervical Diagnostic Enrollment / Follow Up and Treatment Plan) for the following:

Pap test findings of:

- ⊙ Atypical cells of Undetermined Significance (ASC-US) with +HPV ≥ 21 *
- ⊙ Low Grade LSIL ≥ 21 *
- ⊙ Atypical Squamous Cells: Cannot Exclude High Grade SIL (ASC-H)
- ⊙ High Grade SIL (HSIL)
- ⊙ Squamous cell carcinoma
- ⊙ Atypical Glandular Cells (AGC)

OR

Pelvic Exam finding of:

- ⊙ Suspicious for cervical malignancy

OR

Mammogram findings of:

- ⊙ Suspicious abnormality (SAB) - BIRADS category 4
- ⊙ Highly suggestive of malignancy (MAL) - BIRADS category 5
- ⊙ Assessment incomplete (NAE)

OR

Clinical Breast Exam suspicious for malignancy

*** NOTE:** 2006 ASCCP Guidelines recommend watchful waiting for Atypical cells of Undetermined Significance (ASC-US), Low Grade SIL, and Cervical Intraepithelial Neoplasia (CIN I) for clients < 21 years of age.

For Abnormal Cardiovascular/Diabetes Results see Page 7-5.

Clinical documentation should be sent to EWM within two weeks of the date the procedure was performed, results were obtained or the client was deemed lost to follow up. **Please do not hold clinical documentation in your system to send together with billing documentation.**

Every other month EWM will send a request for missing clinical documentation to healthcare providers and laboratories. Check the dates of your follow up reports and respond only to the most recent request.

If you have submitted the requested information within 3 weeks of receiving the Follow Up Report, do not send it again. However, if the information was submitted more than 3 weeks **prior to receiving the Follow Up Report, resubmit the information requested, double checking for the completion and accuracy of your submission.**

In order to resolve missing documentation for clients who are at high risk, EWM case managers will telephone the participating healthcare provider monthly for clients with the following:

- ⊙ Pelvic exam suspicious for cervical malignancy
- ⊙ ASC-US +HPV ≥ 21
- ⊙ LSIL ≥ 21
- ⊙ Pap test finding of Atypical squamous cells: cannot exclude high grade SIL (ASC-H)
- ⊙ Pap test finding of high grade SIL
- ⊙ Pap test finding of Abnormal Glandular Cells (AGC)
- ⊙ Pap test finding of squamous cell cancer
- ⊙ Mammogram finding of suspicious - BIRADS category 4
- ⊙ Mammogram finding of suggestive of malignancy - BIRADS category 5
- ⊙ Mammogram finding of assessment incomplete - BIRADS category 6
- ⊙ Clinical breast exam finding of suspicious for malignancy
- ⊙ Cervical biopsy or breast biopsy

Clinic Responsibility

- ⊙ If there is an error on the Follow Up Report contact EWM by:
 - ⊙ Phone
 - ⊙ Letter
 - ⊙ Return Follow Up Report to EWM with explanation of error
- ⊙ If you are a healthcare provider and have more than four (4) individuals with missing Pap test results, double check your protocol for identifying EWM clients. Red and white stickers are to be affixed to all lab requisitions.
- ⊙ Even if the client's insurance paid for the lab and EWM paid for the office visit, EWM requires a copy of the Pap report.

- ⊙ **Report of Women Deemed Lost to Follow-Up** - All healthcare providers must make at least three documented attempts at follow up for clients with abnormal results. The documentation must include the dates and types of contacts, as well as the results of the contact. Once a healthcare provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. **Failure to show up for a scheduled appointment does not constitute lost to follow up.** The healthcare provider then notifies EWM of the client's status using the Report of Women Deemed Lost to Follow Up. EWM then attempts to locate the client to encourage her to return for follow up care.

Please see Lost to Follow Up Policy within the Policy Section on page 10 A-11. An example of the Report of Women Deemed Lost to Follow Up form is located to the right and within the Forms Section on page 11-7.

Report of Women Deemed Lost to Follow Up

Call us if you have questions:
(800) 532-2227

Reasonable accommodations made for persons with disabilities:
TDD: (800) 532-7252

⊙ Client only lost to follow up if you cannot locate her. If you know where she is the client is not lost.

Date: ____/____/____ (Data provider deemed client was lost to follow up)
Date: ____/____/____ (Data form completed)

Provider Name, Clinic Name and City: _____
Please do not abbreviate

Client's Name: _____
If client changed names, please list both names


Client's Social Security #: _____ Client's Date of Birth: ____/____/____

The client is considered lost to follow up when:

1. Contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and returns with "client moved no forwarding address given" or "forwarding has expired."

Contact Date	Type of Contact	Results	Leads
<p>⊙ You must make at least three (3) attempts to locate the client before deeming her lost to follow up. Documentation must include the dates and types of contacts, as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. Failure to show up for a scheduled appointment does not constitute lost to follow up.</p>			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Every Woman Matters



Version: August 2008

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- # Follow Up

Client Informed Refusal

Service Provider Documentation

How to Read your Follow Up Request

Every Woman Matters Breast & Cervical Follow Up Request
 Every Woman Matters - Nebraska Department of Health and Human Services
 301 Centennial Mall South ~ P.O. Box 94817
 Lincoln, NE 68509-4817

Date Follow up Request was generated from the computer.

08/09/2001

Provider who performed the procedure or the referral for the diagnostic procedure.

Provider Name:
Address:

Referring Provider:
Address:

Only completed if the provider listed is a lab. This would be the clinic where the Pap smear was done.

Ignore!! For Every Woman Matters office use only. Helps EWM locate computer or data entry errors.

Client Name	DOB	DOS	Procedure	Result	Missing	Documentation	Source
*Jane Doe	01/01/57	04/01/05	Pap Smear	Pending	Sent to Lab	Pap Smear	Coup
Jane Rae	01/01/47	04/02/05	Mammogram	Assessment Incomplete	Diagnostic Disposition	Breast F & T	Ab_Mamm
**Jane Me	01/01/37	04/03/05	Colposcopy	CIN III	Treatment Disposition	Cervical F & T	Diagnostic Form

Patient Information

Client's Name
Client's Date of Birth

Screening Information

Date of Service of Procedure
Procedure performed
Result of Procedure performed

Asterisks

This item has been on your follow up request before exactly as it appears here!!! If this request is for a Pap smear, the lab was unable to retrieve the report. The clinic is responsible for sending Pap smears with asterisks placed in front of client names.

Clinical Information the Program shows as still needed from the clinic

Missing: Information missing will be related to the diagnosis or treatment received by the client or could be the program has not received a Pap smear report.

Documentation: Will be the report or the form the program would expect the missing information to be recorded on.

Abnormal Cardiovascular/Diabetes Results

Lab Test	Normal	At Risk/Abnormal	Alert
Fasting Glucose	<100 mg/dL	>100, <375 mg/dL	>375 mg/dL
Total cholesterol	<200 mg/dL	200-400 mg/dL	>400 mg/dL
HDL	40-59 mg/dL, ≥ 60 mg/dL	<40 mg/dL	
Systolic Blood Pressure	<120 mm/Hg	120-180 mm/Hg	>180 mm/Hg
Diastolic Blood Pressure	<80 mm/Hg	80-110 mm/Hg	>110 mm/Hg

- Clients will be eligible for a **second required CVD screening** at her next Breast and Cervical Screening visit.
 - This visit will be indicated on the label found on the Screening Visit Card.
 - This visit should be 12-18 months after the initial Screening Visit Card.
- Follow up visits for CVD/Diabetes screening are not payable by EWM.
- Those clients with normal values, as indicated in the table above, will be referred to no-cost/ low-cost community resources.
- Those clients with at risk/abnormal values, as indicated in the table above, will receive four months of intervention management with the Regional Lifestyle Interventionists.
- Those clients with alert values, as indicated in the table above, will receive four months of intervention management with the Regional Case Manager.